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	-	X	1.	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 PREG. NO.	8319
		(1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	y be	1			UDLEY E.	Thompson	3/0	5/81 427 AN
	OE A	AI)	3. SE	×	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4	"		male	white	4/30/09 YEAR	71 YRS	MOVING DATS HOOKS MIN.
	P. P.	0, 1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MADDIED 34 NEVER MADDIED	9 BALTIMORE CITY OR COUN	Y OF DEATH
	deoth	201		ebraska	United STATE	S WIDOWED DIVORCED		MD
1	he fu	fied C	10 CI	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR LIFE) INDUSTRY
5 0	by t	500		SILVER SPRIN			Lawyer	U.S.Gov't.
AND 21	filled in	35	130 S M I	D. III COL	ON TOGOMERY S	NE ADMISSION) 134 INSIDE CITY LIMITS?	3906 Isbell	Street
200	etely 12 sh	Bine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST
(E)	puo puo	350		Albert	Thomps			Taggart
ORE.	xecul nd co	dico.		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
ID IN	on on s. Po	E	Y	(IF YES, G	480-12	2-6441 Dorothy E	. Thompson, S	
BAL	ysicio oper vol.	t, th		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), o	ind je	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2,0	a ph on p	e < e			ATE CAUSE (o)	urgener sur	CR	30 muss
8 4	Conding of	notic		4100	DUE TO, OR AS A CONSEQU	UENCE OF	1:1 7 t	% saines
PRESTON	otte otton	roon		Conditions, if any, which gove rise to immediate	(b) Mark	ung myovara	car anywres	10 min
W. P.	that the d by the ease rem ol, cremi	r other t		couse (a), stating the underlying couse lost.	DUE TO, OR AS CONSEQU	hary arterye	diséase	Gears
RDS, 20	equires in signe Then pl	injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BY NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
NI RECORDS	on. has bee t permit.	Kuo Smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)
100	N. T nysici rcote ronsi	88 4	CER	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	PART I OR PART 2)
90	ICIA 9 pl 9 pl ertificiol-trinol-tri	E	ZA!	OR CONTRIBUTING CAUSE OF D	CAIN	19		
NOISION	his c	or h	MEDICAL	214 INJURY OCCURRED	21. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IVIS	offe offer the state of the hone	rked	>	AT WORK AT WORK	(ATTHOME STREET, PACTOR), OFFICE	1	0	
٥	A A A A A A A A A A A A A A A A A A A	E S			pital) ettended the deceased from		e, 10 mirely 5	, 19. 57. , that (I) (we) lost
8 12	Pprior for soft H	21 :		sow the deceosed alive a above, (1) (we) (did) (did r	not) view the body ofter death.	, and that in (my) (our) opinion	n death occurred on the date and h	our and from the causes stated
	OR A e hos DIREC	#e a		22b. SIGNATURE	11000000	1. OF GREE	/	22c. DATE SIGNED
	AL Cote Cote Cote Cote Cote Cote	¥		100	n elaney	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	3/5/8/
	etoined by TO FUNER should be	IMPORTAN		22d PHYSICIAN'S NAME (TYPE	P) ELANEY	MD 4323 H	AVARD ST. SIL	S89, MD 20906
	0 % D & 3	<u>×</u>	23o. E	BURIAL CREMATION, REMOVA	AL 23b. DATEMarch 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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340	BP	-		Cremation		detropolitan Cre		Virginia STPAR'S SIGNATE

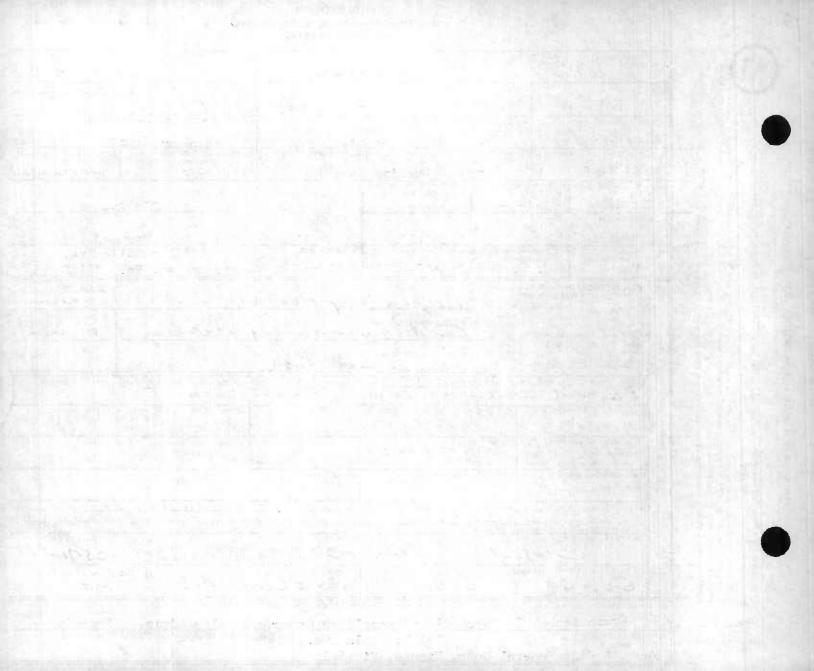
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	1.	FOR		DEPARTA		OF MARYLAND EALTH AND MENTAL HY	GIENB	0 8	3 2	0
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÷ 1101		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
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ol, cr		underlying couse lost	(c)							
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OR ATT OR ATT ORECT Ched fo Ched fo Osept of		22b. SGNATURE	of) view the body	offer deoffi.	1	DEGREE			22c DATE S	IGNED
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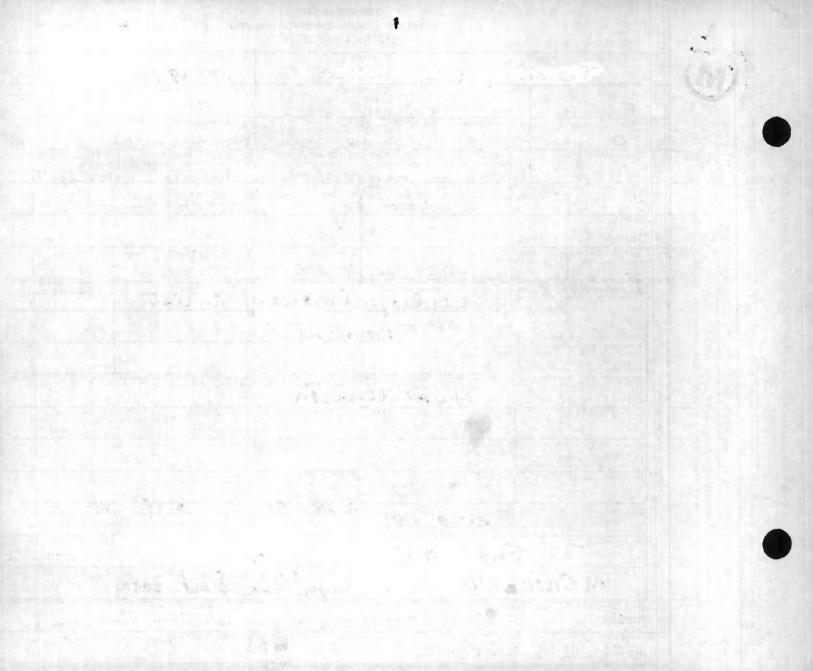
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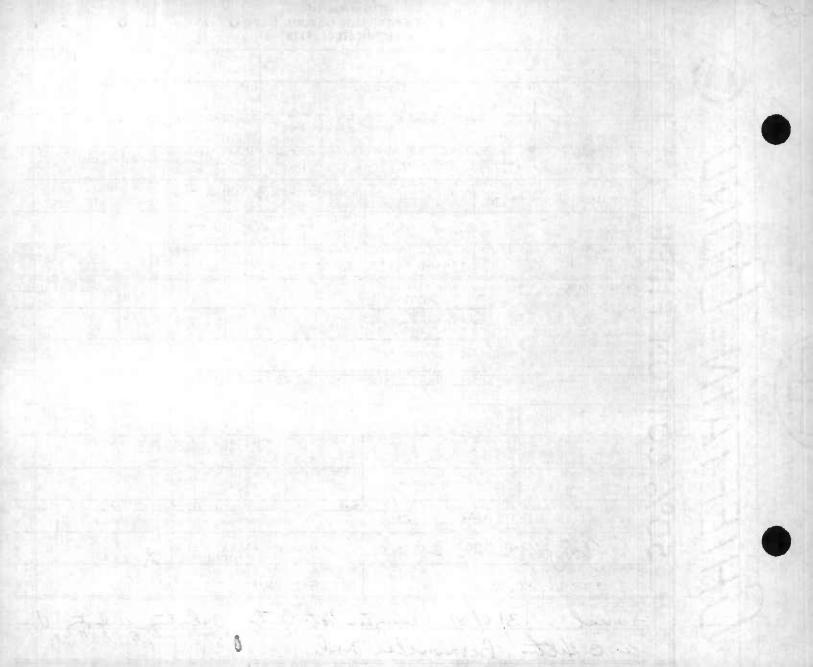
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in per liene	TIF			11	370	9/		1	YES 🗌	NO		FYING CAUS	NO	
s certificate burial-transit Mental Hygie or Nem 18 sho		210. ACCIDENT WAS UNE OR CONTRIBUTING [] ((IF EITHER NOTIFY MEDI	CAUSE OF DEATH			AY YEAR	21c HOW INJ	JURY OCCURE	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART :	?)	
	MEDICAL	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, F	ARM ETC 1	211 LOCATIO	N		CITY OR TO	wn	COUNTY		STATE
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NEKAL DIRECTOR See Store Dept. If them	-	110 SH3 (91) DH2	4	21	1120		A1	TTENDING HYSICIAN	MEDICA	L STAI	FF	3-	1/0-1	01
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. £ § <u>₹</u>	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR C	REMATORY	23d. LO	CATION		COUNTY	,	STATE
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Miles and make a vist of the contract of the Louis smalt footh tellis should be a second to be second to a state of the as perfectly a specific on the last and tables. It is At I lead to be a second Description Canadamy V. H. Calendamy, Val. 20790 Maria L. L. L. Landerson



	1	FOR - STATE REGISTRAR		DEPARTM	NT OF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENEÖ REG. NO	0 8	3 2	3
7		CEASED NAME FRST	11-1	MIDDLE		A51	20 DATE OF DEATH		Y YEAR 2b H	OUR
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0.3	3. S	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR IF UN	IDER 24 HRS
rs o		Female	Wh	inte	MONT	- 15 - 0 2	78	YRS.	ONTHS DAYS HOU	RS MIN.
Poor Poor	7a. E	TRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
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Ped	10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATE	NC	176 KIND OF BUS	INESS OR
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of the poor	USU 13a.	IAL RESIDENCE (IF NURSING STATE	RE OR OTHER INSTITUTION	130. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
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CEO 1	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		1 457	1000
187		George L. Pro	bst			Mary			McKnigh	t
dicol		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	3334 Up Park	^{§§} Terra	ice, N.W.	
E 5		NO.	S, ONE WAR ON DATES	577 60 4	844	Jean Tolbert	Washingtor	, DC	20015	
int. Then please removed for to by injury, or other froum.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION	DUE TO, O (c) NT CONDITIONS CO	ONTRIBUTING TO D	De NCE OF	MENLIA NOT RELATED TO THE TERM LUMAS DEDECTORATED	MINAL DISEASE OR CONI		N IN PART 1(0) WERE FINDINGS U	250
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Mentol Hyg or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	OF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	21c HOW INJURY OCCUR				
ked	X	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
II: If hem 21 is mor		22a.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on 3 on the body	729 196	`	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do		that (in the couses of the part of the source of the part of the source of the part of the	ED
with the Sto		22d PHYSICIAN'S NAME (T	QU MI	n		SILVER SP	FLOW EN		1	
W W	L	BURIAL, CREMATION, REMO BURIAL	VAL 23b. DATE 31 Mar	ch1981 Fo	rt Li	emetery or crematory ncoln Cemeter	23d LOCATION CITY OF TOWN Brentwood	PG	rollyty Mary	STATE Land
2/80		uneral director nes/Rinaldi F	±1800	New Hamps Springs	hire Md 2	Ave 0904	TE TEC'D. BY REGISTRAR	SL REGISTRA	R'S SIGNATURE	

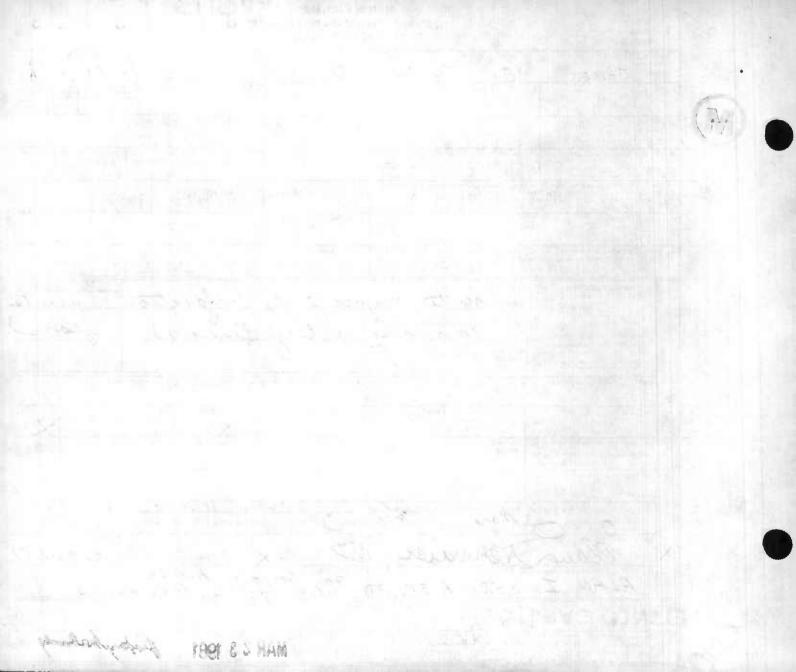




FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN TE MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-EDMOND A. TOPOLSKI 81 Mar SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE 68 VEC PRONOUNCED white Nov male 12 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) NEBRASKA MARRIED NEVER MARRIED U.S.A. Montgomery DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Holy Cross Silver Spring OR INDUSTRY Silver Spring GOVERNMENT PRINTING OFFICE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e, STREET ADDRES BALTIMORE, MD. 21201 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND AND TOPOLSKI FRANK BARBARA GALENSK1 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO INFORMANT ADDRESS LYES, NO OR UNKNOWN) (IE YES, GIVE WAR OR DATES) YES 712-03-8847 MARJORIE M. WW IT SAME CAUSE OF DEATH (Enter only one cause per line for (a), (b) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DNE NO DE YES 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR 2 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, EACTORY, EARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY DAY 12 Joh 8, 1701 ACTUA EXECUTE THE C PAGE 4 SHOU TO FUNERAL O AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMPLER'S NAME ROGERS (TYPE OR PRINT) ROAD SILVER SPRING MD. SEMINARY ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY SILVER SPRING GATE OF HEAVEN BURTAI 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV BLVD. W. SILVER SPRING MD 2090

15M 7/77

14: 11: See . 5: 015: 15: Biliver Spring thois Cross Biliver Spring of Commission of the Com A STATE OF THE STA

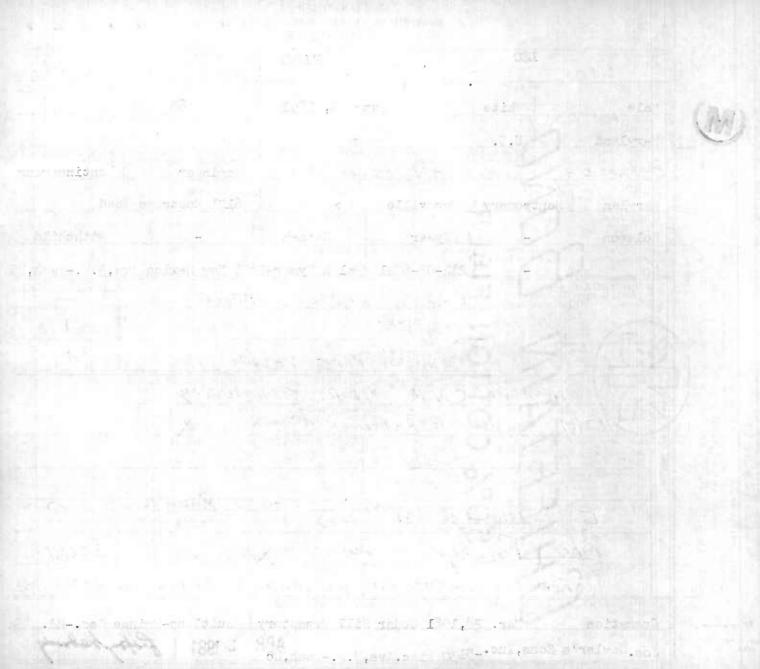


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) JOHN TRESCOTT OF ESTI-March17,81 DEATH MATED SEX & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE Male White LAST BIRTHDAY PRONOUNCED 17,, 812 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH DREIGN COUNTRY MARRIED NEVER MARRIED Montgomery CZECHOSLOVAKIA WIDOWED X DIVORCED OCTYOR TOWN OF DEATH
Silver Spring 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Holy Cross House pital FOR MOST OF WORKING LIFE! TOOL MAKER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OF TOWN 13e STREET ADDRESS YES [NO DE Mary land Montgomery 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN TRCKA MARY JOSEPH 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 949-4821 LYES, NO. OR UNKNOWNS daughter SAME (IF YES, GIVE WAR OR DATES) Milady Welch 335-10-2832 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS a timel Homorphager lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO PU 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Inspection D 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) TO M.
EXECUTE
PAGE 4 SHC.
TO FUNERAL DI
AFFER DEATH, V
BALTIMORE, M DAINE a Voh17/96 SIGNATURE JOHN S. ROGERS 1919 SEMINARY ROAD, SILVER SPRING, MD. FIAME EXAMIL (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY VIRGINIA METROPOLITAN CREMATORY CITY OR ASTEXANDRIA 3/19/81 CREMATION FRANCIS J. **DHMH-17** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME(5))

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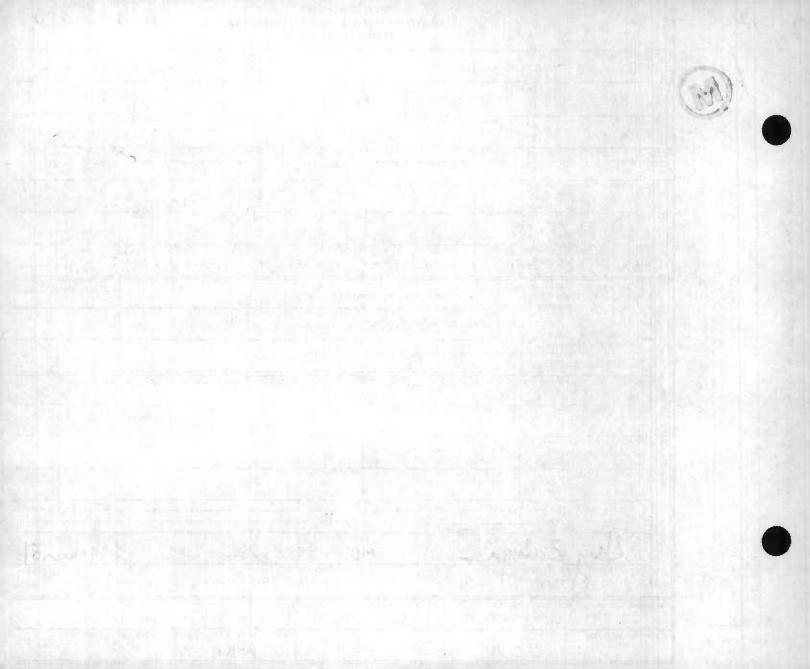
AND KING FUNERAL HOME VIENNA VA

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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e of	(Here	ELOQUIA	Mitten by	OPCPR	Ustick		3-6-	S/ 105 PM
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e de la companya de l	10 C	77	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	120 USUAL OCCUPATI	ÓN 12b.	KIND OF BUSINESS OR
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BALTIMORE, cote be executed to spers. Pages 1 you.		YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES)					ucoen Lane
be be rs. P	-	NO .	P//		Mes Charles	Williams,	Washingt	on DC 20015
BAI corte		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	lly one couse per line for Ia , (b , ond ic	CARDIOVASCO	Ina Dite	250	APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
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. + + - 0 0		couse (a), stoting the	DUE TO, OR AS A CON	SEQUENCE OF				
es that ned by please urral, cr		underlying couse last	(c)					
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	ART 1(o)
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RECORDS,	CA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
The The Icron.	CERTIFICATION					YES NO	YES 🗌	NO 🗆
IAN: The physicion inficote of Hygie of Hygie of Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PROPERTY OF THE PROPERTY	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)
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DIVISION OF VITAL NG PHYSICIAN: The offending physicion (fer this certificate h os the burol-trons); p th and Mental Hygier h and Mental Hygier orked or frem 18 sho,	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	vn cou	NTY STATE
No. The hours of t	2	WHILE NOT WHILE AT WORK		-		-	. /	
O O A S O E		22a.1 certify that (1) (this hospi			19/2	to May	ch 6 19 8	, that (I) (we) lost
TTEN Portol for us of He	100	sow the deceased alive on above, (1) (we) (did) (did a	t) view the body ofter death.	.19 & (, on	d that in (my) (ear) opinion	deoth occurred on the d	ote and hour and fr	om the couses stated
OR AI OR AI DIREC oched to Dept.		22b. SIGNATURE			DEGREE			c. DATE SIGNED
7 4 7 4 9 4		Demand 60	Tituesal1	int	ATTENDING PHYSICIAN [MEDICAL STA	IAN 🗆	3-6-81
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Should should be	230.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d, LOCATION		2074
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/		REGISTRAR	MIDDLE		ICATE OF DEATH	REG. N			
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11 15		No.	OK DATES]	NIA	Juan F	1. VALLE	100.00		
hysici poper lovol. ent, th		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY:	1	- G A	0 80.			APPROXIMATE INT	ERVAL ID DEATH
deoth certi		442 A A	(O3L (O)	racovery	ar Dec	id.			
ove co hon, c		Conditions, if ony, which	DUE TO, OR AS A CO	Aneury	sm			Min	N.
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o riol		underlying couse lost.	(c)						
Then p to bu	NO	PART 2 OTHER SIGNIFICANT COND	DILIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COM	IDITION GIVEN	IN PART 1(01	
prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USE G CAUSES OF DEA	ED ATH2
ronsit per Hygiene 18 shows	RT	none. 21g. ACCIDENT WAS UNDERLYING	nov 21b. TIME OF INJURY	ie	121. How blindy ossi	YES NO NO	YES [] NO	
certificate priod-transit entol Hygi entol Hygi Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MOI		NOY	JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL		P.M. PLACE OF INJUR		211 LOCATION				
Se os the bu	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
OR: After Use os Heolth is mort		220.1 certify that (I) (this haspital) a	ottended the deceose	511	. 19_8	10 3/2	2		(we) lost
pp for for 2		sow the deceased olive on obove. (1) (we) (did) (did not) vis	w the body ofter dea	th.	d that in (my) (our) opinio	n death occurred on the o	late and hour on		
oche Dep		22b. SIGNATURE	(000		ATTENDING	MEDICAL _ STA	FF _	224. DATE SIGNED	
Store		22d. PHYSICIAN'S NAME (TYPE OR PRIN	1)		PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	CIAN	1 25	61
		Brian Avin. M.D			2101 Medica	al Park Driv	e #104.	S.S. Md	
Sho of short	23a E	BURIAL CREMATION, REMOVAL 23	b. DAJE	23c. NAME OF CI	METERY OR CREMATORY			MINITY	STATE
BP		DURIAL S	3/30/81	GENERAL		PEGUE EL	Salundo	R. C.F	7.
f-16 30M 2/80 /RA 15, 4)		NAME NAME	m. 7. 7	Fress OL	urich 1/250. D.	ATEREC'D. BY REGISTRAL	RAR	S SIG ATII	4
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IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEI	CERTIF	ICATE OF DE		REG.	NO.	0	0	3	3
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t	-	Y OR TOWN OF DEA		11. NAME OF	HOSPITAL, N	URSING HOME C		UTION I	20 USUAL OCCUPA	TION	12b.		BUSINE	
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۱		ES, NO OR UNKNOWN)		WAR OR DATES)									1.	
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ı		18 CAUSE OF DEATH	(Enter an	y ane couse per	line for (a),	(b), and (c).)	- 1	11 4.8	L E.il	. 1	В	APPROXIA	NATE INTER	DEATH
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	Z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	NOITION	GIVEN IN P	ART Ita	1	
1	CERTIFICATION	19a. DATE OF OPERAT	ION	10h COND	TION OR V	WHICH OPERATIO	N WAS PERFORA	AED.	20a AUTOPSY?	120h IF '	YES, WERE	FINDIN	GS LISET	
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ı		saw the decesse above, II 300 id	d alive on	siew the body	offes death	51/1	nd that he my	er) apinion de	ath occurred and the	date and r	nour ond fr	om the c	auses sta	ted
ı		THE SIGNATURE	1	-	1/	25/	ATT	ENDING	MEDICAL ST	AFF	221	2/3	78	1
J	6	160	7 -	1	181	May 1	PH		DIRECTOR PHY		1	7	1	1
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		UR/AL, CREMATION,	REMOVAL	23b. DATE	1 - 1 -	23c. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION CITY OR TOWN		COUNT	TY	5	TATE

Crematory

DHMH-16 30M 2/80 (VRA 15, 4)

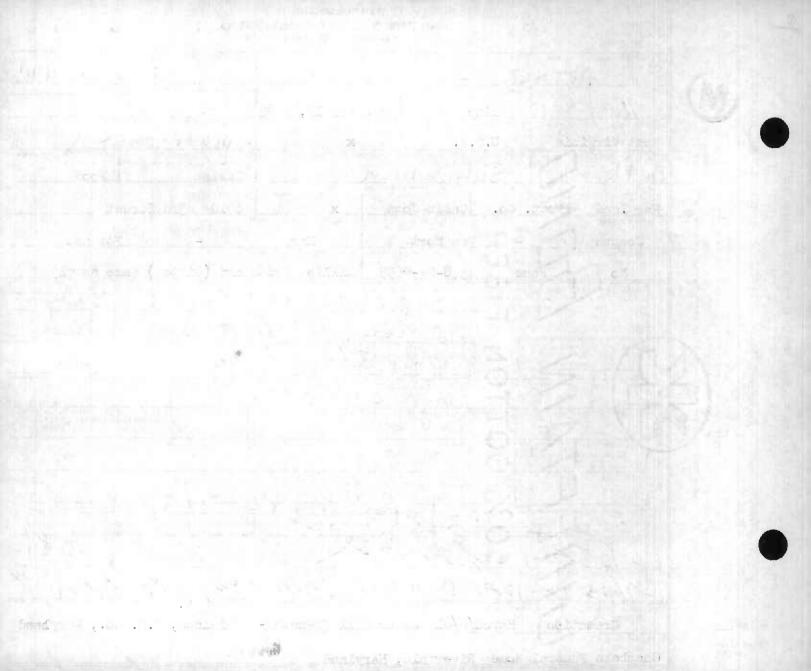
24. FUNERAL DIRECTOR Chambers Funeral Home

Cremation

ADDRESS Riverdale. Maryland

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Suitland P.G. Maryhand 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



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		5.	1	STATE OF MARYLAND
4	-			DEPARTMENT OF HEALTH AND MENTAL HYGIENE U 5 3 3
A				CERTIFICATE OF DEATH
	y be	Dept	1. 0	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	та	0	(Type or print) ATLEY THOMAS WALL MARCH Month 6 Doy 1981 1120 AM
	9	BART	3. 5	A PACE IS DATE OF BIDTH A AGE (ID MODER) YEAR IF HINDER 24 MPS
	Page	(TAN)		lost birthday) MONTHS DAYS HOURS MIN.
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1	de	d v		INDIANTED IN MEYER MIAKKED
	after death.	# = (01		$MISSISSIPPI$ $U.S.A.$ WIDOWED \square DIVORCED \square $MONTGOMERY$ Md.
	40	40年入入	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13b. KIND OF BUSINESS OR line of working life, even if retired.)
	21201 24 hours	O de de by		BETHESDA 5225 100ks Hill Road CARPENTER SELF EMPLOYEL
	24	sh	130.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER
	hin hin	車できずり	M	nission) STATE 136 COUNTY RETHESDA YES NO 5225 Pooks Hill Road
	Wit	l an		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	M Ped	10 s 25		ATLEY THOMAS WALL LILLIAN AYCOCK
	PRESTON STREET, BALTIMORE, MARYLAND 21201 he death certificate be executed within 24 haur	Gample Pages Plans	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Oakland, Md.
	e IW	ond co	(Yespang unknown) 1 1946 49 to of service) 427 18 3318 AILEEN H. WALL/WIFE/RTE. 1 BOX 308U 21550
	SALT be	n papers.		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
	STREET, B.	ysic		PART I. DEATH WAS CAUSED BY:
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	S	ding ave c		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
00	STON	remay , and		rise to immediate cause (a) (b)
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11		by the please remaval		lost. (c) MADERTENSIVE CAR DIOUNS COLAR AISEMSE
N	301 W.	_ c		PART 2. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
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2	DIVISION OF VITAL RECORDS, G PHYSICIAN: The low require or offending physicion.	been sign t permit. cremation	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	SECC.	been t perm	RTIFI	YES NO DOCUMENT
0	VITAL R The law	burial, c		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
	VIT Th		MEDICAL	(If either, notity medical examiner) P.M. 19
	AN:	tificate burial-t	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	Sici	cer prid		While Not while of work
	VIS PHY off	this as	ь	22a. I certify that (I) (this haspital) attended the deceased fram 1972 to PRESENTIP, that (I) (we) lost
	2 5 E	Affer r use Hygiet		saw the deceased glive on DEC, 1920, and that in (my) (aur) apinian death occurred an the date and haur and fram the
1	ATTENDING hospital or	For H		couses stated above, (I) (we) (did) (did not) view the body after deoth.
102	ATT	ECTOR: iched fo	г	22b. SIGNATURE DEGREE PHYS DE
	the on			This market in the second seco
		, a 8 6	П	22d. PHYSICIAN'S NAME (Type) DON B. CAMERON 22e. ADDRESS 6490 LANDOUTE ROAD CHEVERLY MO. 20785
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1	HOSPIT	o FUNER should of Heal	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
1	5 5	5 48 9	Ci	remation March 9.1981 CEDAR HILL CEMETERY SHITLAND MARYLAND
	DHMI	H-16 1/71 30M	24.	FUNERAL DIRECTOR DOLL TAIC FUNEDAT. ADDRESS 250. REGISTRAR 25b. REGISTRARS SIGNATURE
1	1400	(VR A15 (4))		HOME, INC. 4339 HUNT PL., N.E. DATE MAR 13 198
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11800 NewsHampshire Ave

Silver Spring. Md.

FOR

STATE OF MARYLAND

2b. HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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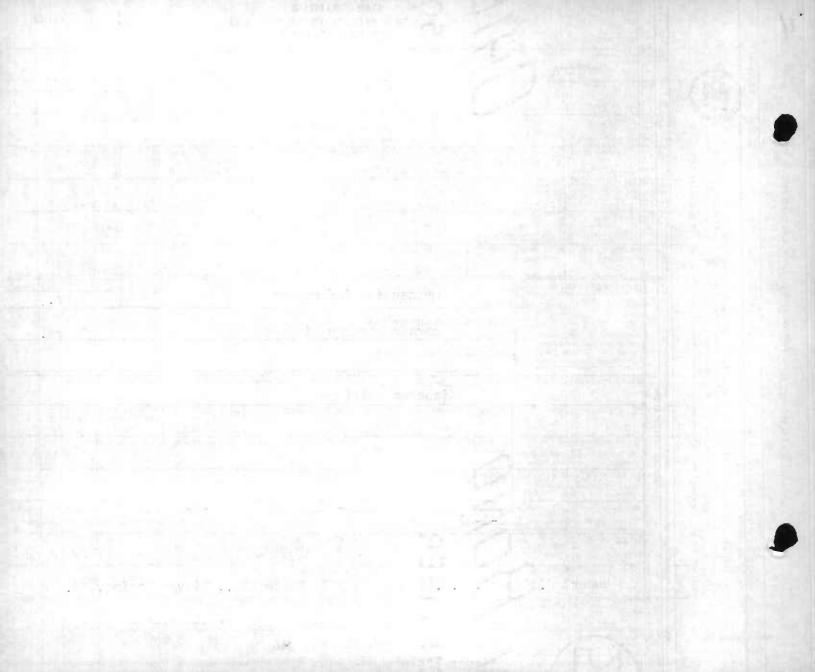
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MONTHS DAYS

DHMH-16 60M 1/73 (VR A 15 (4))

24. FUNERAL DIRECTOR

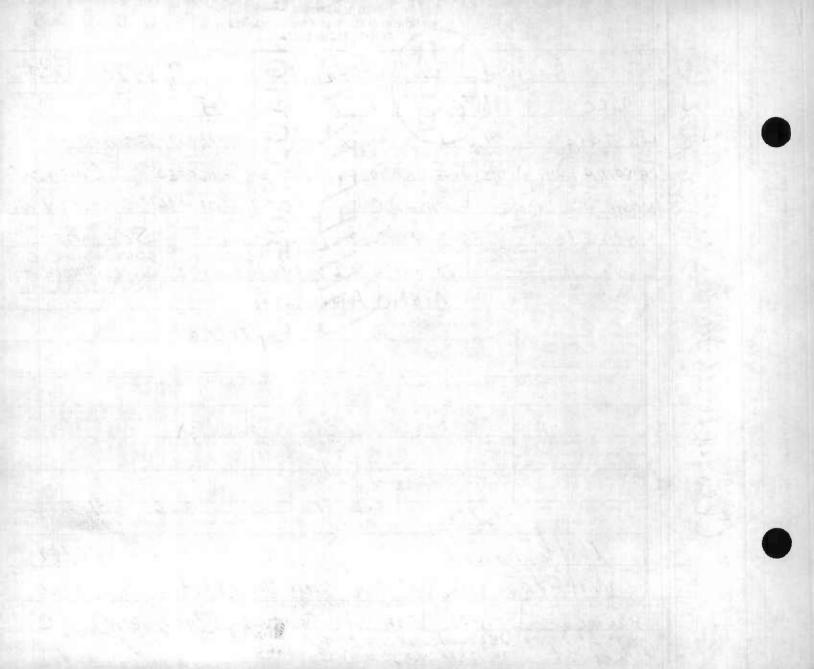
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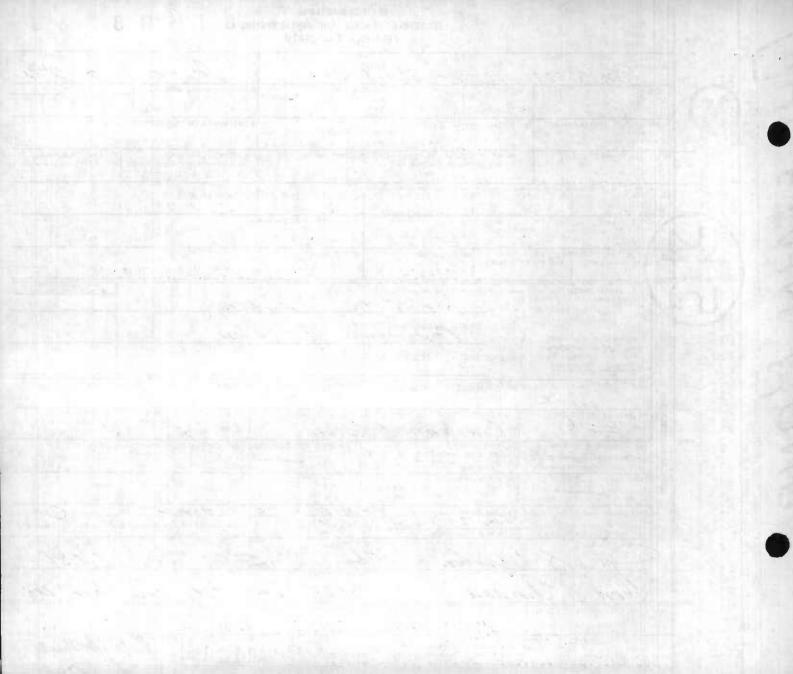
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME First Last 2b. HOUR (Type or print) March 24, 1981 Yeor Ursula Louise Wa.12 9:35am 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. lost hirthdoy) Female White May 25,1924 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery DIVORCED United States WIDOWED | Massachusetts 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
5519-Roosevelt Street during most of working life, even if retited.)
Librarian INDUSTRY N. I DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Bethesda t3a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. (OUNTY Montgomery Kensington 4602-Franklin Street YES NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Karlin Adolf Walz Gertrude 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Bethesda, MD20034 (Yes, na, ar unknawn) (If yes give war or dates of service) 577-48-7990 Elwood O.Titus(Brother-in-law) 5519 Roosevelt 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lung 4 months Carcinome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO TE 21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 12, 19, 50, ta 3, 19, 51, that (I) (we) last saw the deceased alive an 3-14, 19, 61, and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR STAFF PHYS. ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 1601-18th St., NW, Washington, D.C. 20009 Harold M. Silver, MD NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation Mar.25,1981 Washington, D.C. Lee's Crematory ADDRESS = 256 RECED BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002 (VR A15 (4))

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STATE OF MARYLAND



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	n f	0	I. DEC	EASED NAME	FIRST	To Ti	MIDDLE	111	Last L	20. DATE OF DEATH	MONTH D	YEAR	26 HOUR
	e 0			FMENS			TON 6	UBT	WICK	6. AGE (IN YEARS LAST BI	DYNDAY!	IF UNDER 1 YEAR	IF UNDER 24 HRS
			3. SE)		4.1	RACE		5. DATE C	DAY YEAR			AONTHS DAYS	HOURS MIN
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0	been been prior	Ouy	CERTIFICATION	190. DATE OF OPERAT	ON	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	OF DEATH?
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DIVISION OF	offer the street of the street	marked	¥	WHILE AT WORK		(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC.]	SIREET	2,7,00			
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	the hor toche	T. If Item	<	221 SIGNATURE	5	Un	hon	m	ATTENDING PHYSICIAN	MEDICAL SI DIRECTOR PHY	AFF SICIAN	22c. DATE	181
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11	refoi show	₹	23a.	BURIAL, CREMATION, F	EMOVAL	23b. DATE	23	. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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10	DHMH - 16 25M			UNERAL DIRECTOR F					11	AR 1 2 1981	AR 256. REC. 61	May No	Gusalit
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Serial 3/28/51 Parklaws Hemorial Park Rodsville, Maryland Tyson theeler Juneral Hote, Ind. 1331 Rockville Sike Contrille, Maryland

The Part of the Pa

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bookeeper/Teller Buffalo Bank BOX 34F SHAWVER JACKIE WHITTINGTON (HUSBAND) IMMEDIATEL GRAM NEGATIVE BACTERIA BREAST CANCER. INFILTRATING DUCTAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 81 _19 ___8.1__, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 13MAR81 NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, BETHESDA. MD 20205 W. Vastate 25 DATE REC'D. BY REGISTRAR 21 PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 11800 New Hampshire Ave. Hines Rinaldi F.H. Silver Spring, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

IF UNDER 1 YEAR

8:05 A

IF UNDER 24 HRS.

- STATE

REGISTRAR

DHMH-16 30M 2/80 (VRA 15, 4)

Burdal of Charco 15, 51 Suffalo Campriel Fa.

DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	, 0 0	- E-4
		CEASED NAME FIRST	MIC	DDLE	Wie	ener	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
)	3. SEX	MALE	4 RACE WHITI		5. DATE C	OAY YEAR	6. AGE LEARS LAST BIRTHOAY	YRS. DAY	
3		RTHPLACE (STATE OR FOREIGN COUNTRY) ALIFORNIA	76. CITIZEN OF W	A.	? 8. MARRIE WIDOWE	D NEVER MARRIED DIONORCED	BALTIMORE CITY OR CO	SUNTY OF DEATH	hy mo
0	10. CI	Rethesda		DSPITAL, NURSI FACILITY, GIVE STREE Lburb	T ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORLD) LAWYER	RKING LIFE) INDUSTR	PRACTICE
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN ARYLAND MONT		30. CITY OR TOY BETHES	WN	13d. INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS 7209 Marbur	y Road	
00	14 FA	ATHER'S NAME HERMAN	MIDDLE	WIENE	R	15. MOTHER'S MAIDEN NAME FIRST	WIDDIE	LI	CHTIG
	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1	577-54		BEULAH WIEN	E) ADDRESS ER 7209	BETHESDA, MARBURY R	MARYLANI COAD OXIMATE INTERVAL IN ONSET AND DEATH
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2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN	D. IF YES, WERE FIND CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M P.M	MONTH [DAY YEAR		RED (ENTER NATURE OF INJURY IN I	TEM IB PART I OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OI (AT HOME. STREE	F INJURY ET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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		22b. SIGNATURE 7	· Ta	rela	٧	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2	TE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	aul	ner	9	150011514	J AVR	Beth.
		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	MAR. 4		NAME OF C			P.G.	MD.
	24 FI	UNERAL DIRECTOR NAME DANZANSKY - MEMORIAL CHAP	GOLDBERG ELS. INC	, 1170	ROCK V	ILLE, MU.	E.REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGN	ATURE

STATE OF MARYLAND

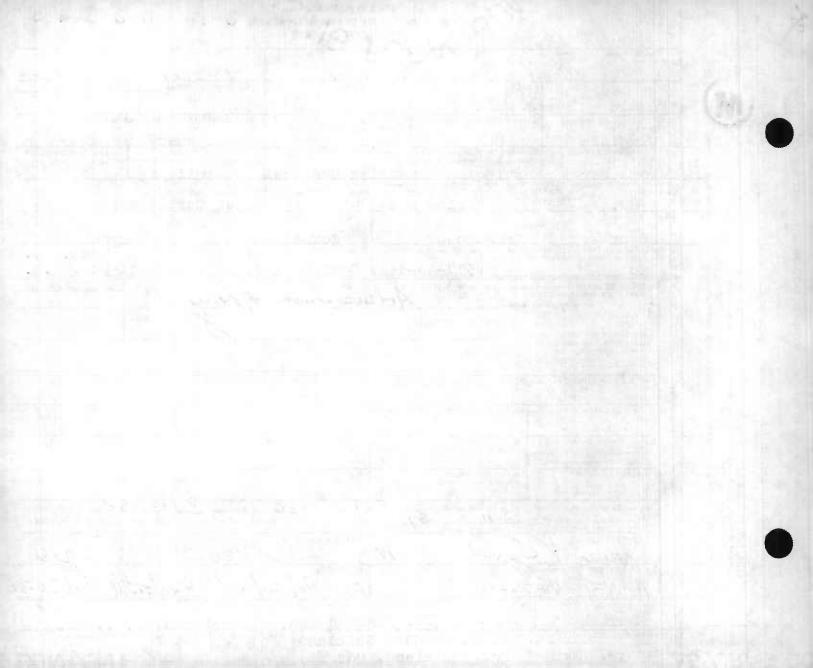
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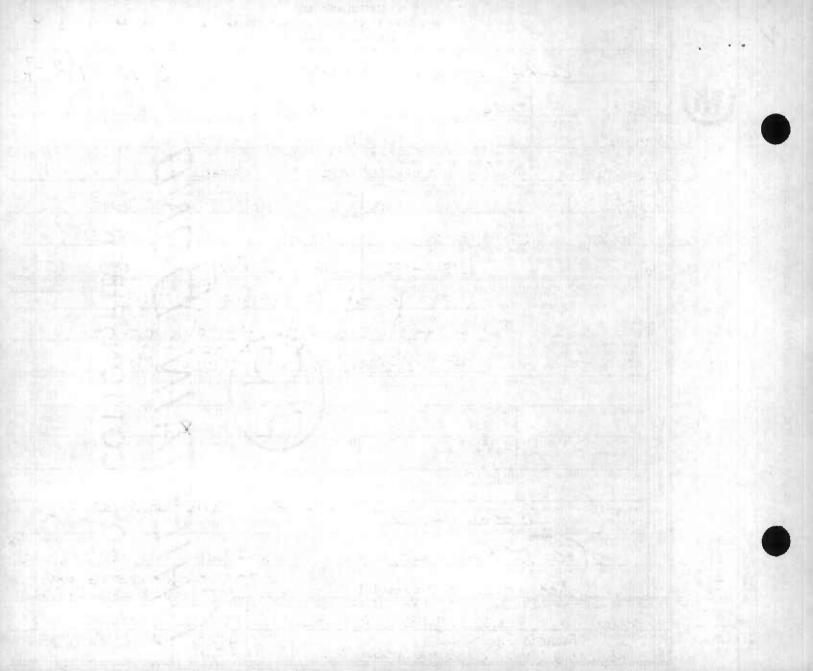
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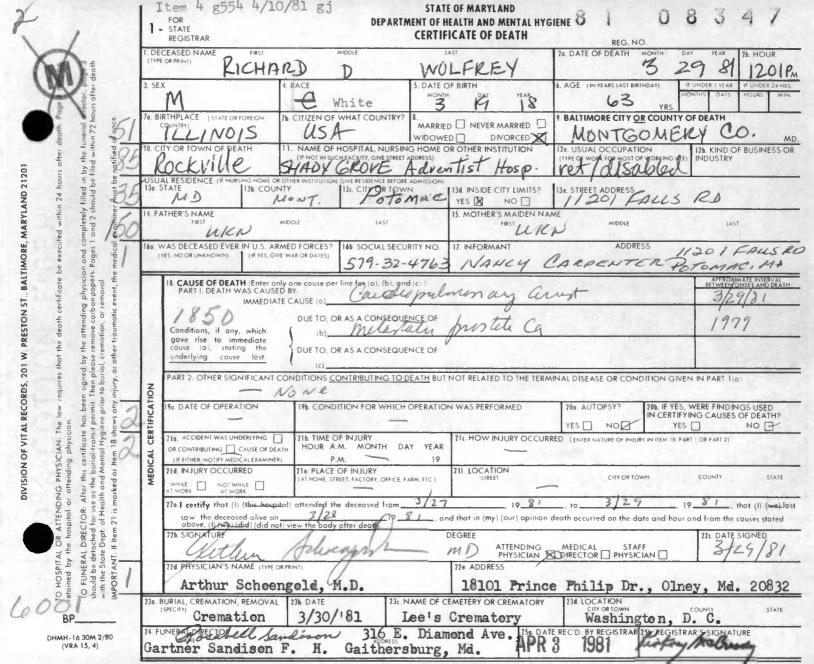
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the the		10, CI	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, N	IURSING HOME O	ROTHER INSTITUTION	12R USUAL OCCUPA	TION	12h KIND OF	BUSINES	55
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Page 1	,0		No		577-	40-3427	George W.	ine, Son,	2400 4		AATE INTERV	W
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V	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MEN CATE OF DEA	TAL HYG	IENE 8 REG. N	0	3 3	4 6
\ m.s		CEASED NAME	FIRST		MIDDLE	Ł,	ST	Chile	2a. DATE OF DEATH		AY YEAR	26. HOUR 7
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e e	3. SE	x		RACE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS
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by the filled with	Tal	koma Park		Washin	aton Adve	ADDRESS)			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUS ENLIGE	OF WORKING LIFE	INDUSTRY	BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or flem 18 shows any injury, or other traumotic event, the medical exeminer must be not seed or flem.	N N	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1(0)	
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TALR The licion. The loss assit per region of shows	Ē					DR H			YES NO	YES		NO 🗌
PHYSICIAN: T ending physici this certificate to buriol-transi ad Mental Hygi d or frem 18 sh		21a. ACCIDENT WAS UNDER		21b. TIME C HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	
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ENDIN ol or ol or use Healt is mo		22a.l certify that (I) (3./	APRIL,			ch/21	,	hot (1) (we) lost
ATTE Spirto CTO CTO difformation of the mail of the ma		saw the deceased above, (I) (we) (di	d olive on did (did not)	new the body	ofter death.			r) opinion d	leath occurred on the d	ote and hour	ond from the co	ouses stated
OR A		22b. SIGNATURE		11	. 1 ~		EGREE	NDING.	MEDICAL STA	EE	22c. DATE S	IGNED 148
RAL detection of the state of t		70	ter!	K. A-4	eluno)	N	PHY	SICIAN	DIRECTOR PHYSI	CIAN [11105	ch 12,
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: IF		22d. PHYSICIAN'S NA	ME (TYPE OR P	2 T	Kaic	+mAF	22e. ADDRESS		7733 1245	K+ Au	SUVE 1	120
of of white of the state of the	23a. F	BURIAL, CREMATION, F	EMOVAL	23b. DATE			METERY OR CREA	MATORY	123d. LOCATION	TUNI J	0,5,00	West
000 BP		Runial		Man. 16	1981 Mt.				Frederic	r Fred	lerick	Matate
DHMH-16 30M 2/80	24 FU	JNERAL DIRECTOR F	rancis	J. Co	llins		00000	25a. DATE	REC'D. BY REGISTRAR			Menos
(VRA 15, 4)	50	0 Universi	ty Blv	d. W.	Silver S	Spring	, Md.	MAR	1 7 1981	Budge	MACH	any .





Ore action 3/35/42 towns or an even succession, D. C. Sarther Santaer Santaer

/	1 700		MARYLAND	3 2 0 3
1	1 - STATE		H AND MENTAL HYGIENE	8 5 4 8
5	REGISTRAR 1. DECEASED NAME FIRST		CERTIFICATE OF DEATH REG. N	
	(TYPE OR BRINT)	moute	20. DATE KNOWN OF ESTI-	
NEEDES!			DEATH MATED	3 17 ₁₉ 81
写到E B侧	1 SEX 1. RACE	5. DATE OF BIRTH , 6. AGE (IN YEARS IF L MONTH DAY YEAR LAST BIRTHDAY) MON	INDER 1 YR. IF UNDER 24 HRS. 26. DATE OTHER DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 26 HOUR
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SEE SEE	FOREIGN COUNTRY)		RIED NEVER MARRIED 7 BALTIMORE CITY	OR COUNTY OF DEATH
第5.25	Md		WED DIVORCED Montgome	ry County MD.
SERE?	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OT	HER INSTITUTION 120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
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9 ± 25.52 =	14. FATHER'S NAME	Ipgico	YES NO X 1904 Park A	venue
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8 8 8 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		r only one couse per line far (a), (b), ond (c).)	1	APPROXIMATE INTERVAL
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	couse (a) stoting the und			
N MARKET	lying cause lost.	(c)		
DS. 201 XECUTE NG" IN FOR SALE EXA AND MATION.	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PART 1 Id	
TAL RECORN HOUD BE EN HIEF PROJECT USED AS A R OF HEALTH				
AL RE DUID DUID SED A SED A SED A SED A	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY?
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DIN WRIT WARD WARD WARD WARD WARD	AT WORK NOT WHILE	STREET, FACTORY, FARM, ETC.] bridge 14	STREET CITY OR TOWN	Montgomery Co.MD
THE PARK				
MQ S D T S	1			nd in my opinion
A SE CONTRACTOR	deam resulted from: Ord	atural couses . Accident Ly Suicide .		
A SECTION AND A	ACTUAL SIGNATURE	to han	TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER	DATE 3/18/81
2 H K W K H K H	SIGNATURE /		M.D. ASSISTANT MEDICAL EXAMINER	SIGNED 3/18/81
DIVISION OF VITA TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE. WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATE DEPARTMENT O	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Guard, MD.	ADDRESS 111 Penn Street, Ba	altimore,MD 21201
5×5×5×4	230. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. NAME OF CEMETERY	OR CREMATORY 1234, LOCATION	
BP	Burial	3/23/81 Cedar Hill	Cemetery AnnewArunde	Co Md
1302 DHMH-17	24 FUNERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY REGISTRAR 256. REG	ISTROR'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	William C. Ma	arch F/H 1101 E. North	Ave MAR 2 0 1981	markey sections
13/112/00				

filled in by the funeral auld be filed within 72

the attending physician and campletely remove carbon papers. Pages 1 and 2 sh

injury, or ather traumatic

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN
REGISTRAR CERTIFICATE OF DEATH

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ENTAL HYGIENE ATH	1	C	0	0	and	4
·m	REG. NO.					

Γ.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
	DECEASED NAME FIRST		NN \	WRIGH	WRIGHT	3/29/8/	MONTH E	DAY YEAR	26 HOUR 5 45 M
3. S X	XX Female	4 RACE Whi		12	DF BIRT 31, 1925	6. AGE (IN YEARS LAST BIS		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Wash., D. C.	76 CITIZEN OF V		MARRIE	DIVORCED	9 BALTIMORE CITY C		OF DEATH	Y MD
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130			Sive residence before the Sheph		YES NO .	13e STREET ADDRESS 207 Wash	nington	n St.	
14	Francis Kin	nsey M	letzger		Elizabeth		New	man 1A	.51
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	219-12		Rosemary El.	Metzger M		nier, l	Md. 20822
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEO	NEWCE CA	some grad	O II B	Your	1	y
CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	EN IN PART 11	INGS USED
MEDICAL CER	OR CONTRIBUTING CAUSE OF DE LIFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.A.	a. month i a.	19	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU		ART I OR PART 2)	STATE
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	SSP. 21C VALUE A	Just	5	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	224 DA E	SIGNAD BY
	559 BHILICAN STATE III	To The	m	3	220 NOORESS 1	Phylon.	Dr.	Ohren	M 2087

PATE OF HEAVEN

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rei with the State Dept. of Health and Mental Hygiene prior to burial, crem

TO HOSPITAL OR ATTENDING PHYSICIAN; The laetained by the haspital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shaws any

FRANCIS H. BARBER LAYTONSVILLE, MD. 20760

2,1981

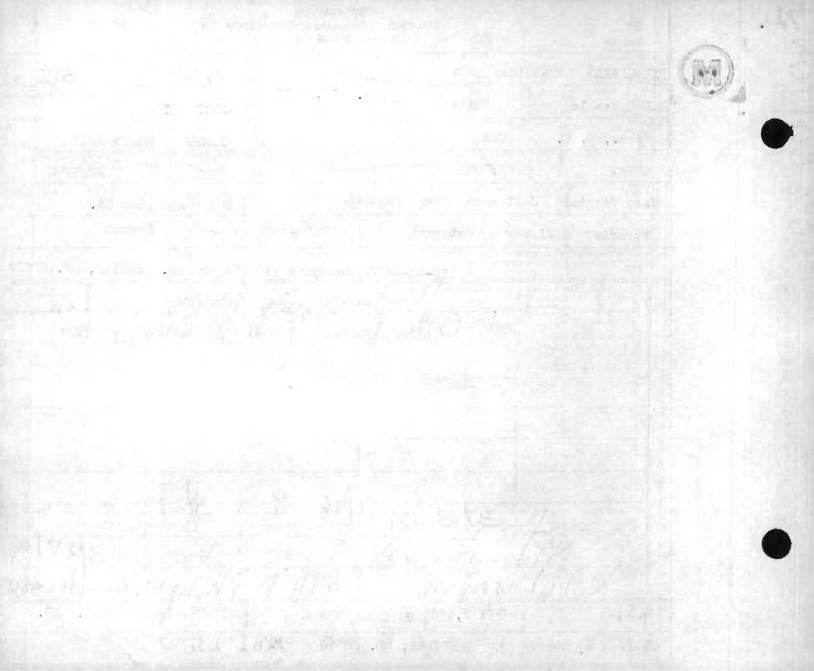
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230 BURIAL, CREMATION, REMOVAL BUTIAL

25 AD B REC'D BY GEO STRAP 254 REGISTRAP'S SIGNATURE

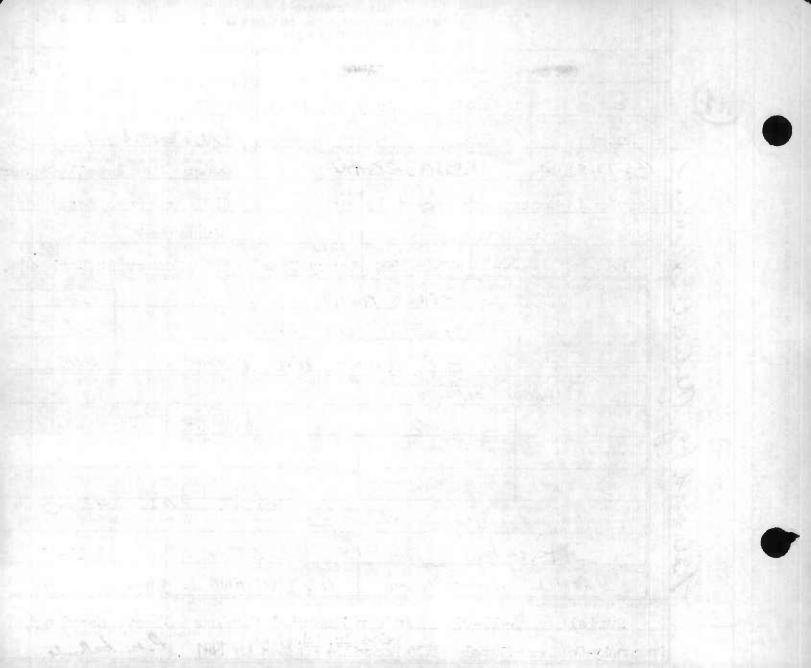
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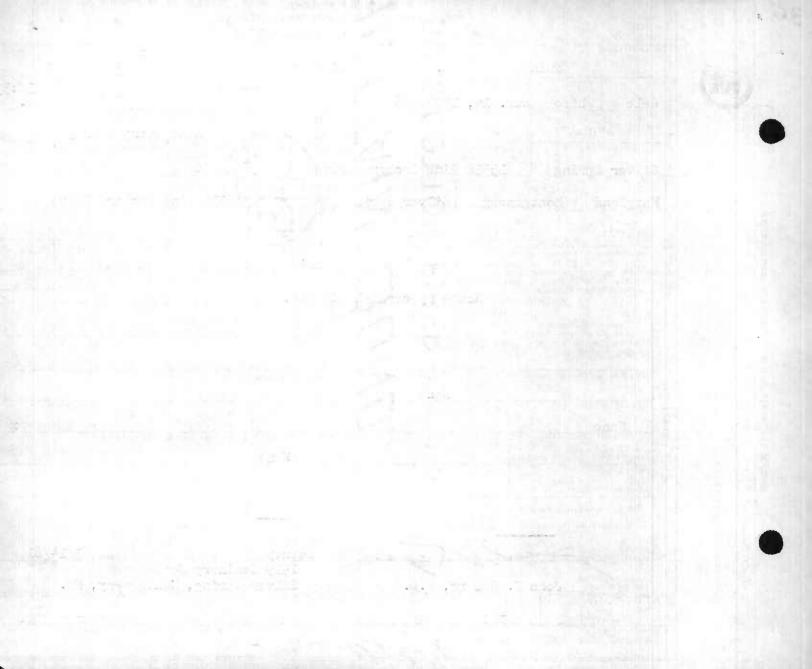


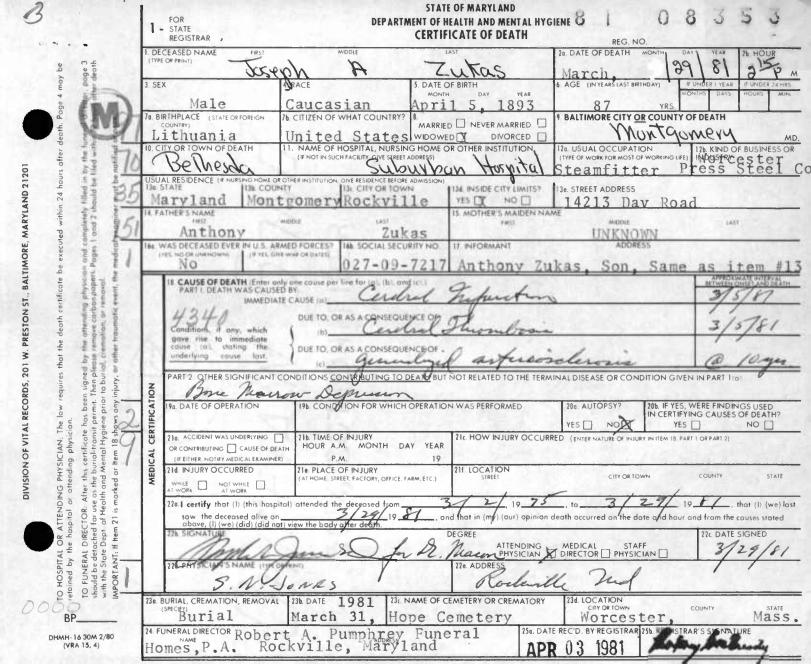
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									8 3 5	Ü
	. 6		REGISTRAR	MEI		ER'S CERT	IFICATE OF DEA	TH REG. NO),	
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. 199	売り <u>工</u> 支票	3. SE	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			2c. DATE	MONTH DAY YEAR	2d HOUR
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WD	I N 4 //	14. F	THER'S NAME FIRST	MIDDLE	LAST	15. MC	OTHER'S MAIDEN NAME	WIDDLE	LAST	
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WO		16a. \	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT	ADDRESS		
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	18. 0 M. T. P. DIN		18. CAUSE OF DEATH (Enter on	y one couse per line	for (o), (b), ond (c).)			1	APPROXIMATE BETWEEN ONSET	INTERVAL
TS Z	N 24 HOU I ITEM 18. ALONG V PERMIT. YGIENE, D		PART I DEATH WAS CAUSED	DBY: E CAUSE (o)	Route	My	ocendi=	26 115	BETWEEN ONSET	AND DEATH
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PRESTON ST.,			Conditions, if ony, which gove rise to immediate	(b)						
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